

NOTICE OF EXEMPT RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL
TECHNICIANS
PREAMBLE

- 1. Sections affected** **Rulemaking Action**

Table 1	Amend
R9-25-512	Repeal
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)(2)

Implementing statute: A.R.S. § 36-2205(A)

Statute or session law authorizing the exemption: A.R.S. § 36-2205(C)
- 3. The effective date of the rules:**

October 15, 2010
- 4. A list of all previous notices appearing in the *Register* addressing the exempt rule:**

Not applicable.
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

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6. An explanation of the rule, including the agency's reasons for the rule, including the statutory citation to the exemption from regular rulemaking procedures:

The purpose of this rulemaking is to amend Table 1 to remove the EMT categories of EMT-I(99) Certified Before 1/6/07 and EMT-I(85) from the table and to amend the EMT-I(99) Certified On or After 1/6/07 category to EMT-I(99). These amendments are due to the expiration on January 6, 2009 of the grace period found in R9-25-512, which gave EMT-I(99)s Certified Before 1/6/07 different authorization to administer agents, monitor the use of agents, assist in patient self-administration of agents, and use transport agents from the authorization given to EMT-I(99)s Certified On or After 1/6/07. These amendments are also due to the requirement in R9-25-412 that EMT(85)s either apply for recertification as EMT-I(99)s or downgrade to EMT-Bs before December 31, 2007. All EMT-I(85) certifications in Arizona expired prior to or on December 31, 2007. This rulemaking also repeals R9-25-512, as explained above. The statute authorizing the exemption from the regular rulemaking process is A.R.S. § 36-2205(C).

7. A reference to any study relevant to the rule that the agency reviewed and either relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review or rely on any study related to this rulemaking package.

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules, (if applicable):

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:

No

15. The full text of the rules follows:

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Section

Table 1.	Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents
R9-25-512.	Grace Period for EMT I(99)s Certified Before January 6, 2007 <u>Repealed</u>

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

HF = Only authorized as a topical antidote for possible exposure to hydrofluoric acid

E = Only authorized to administer or assist in patient self-administration of the agent in the case of an emergency involving a neurological toxin which is confirmed or suspected by an EMT, except as provided in R9-25-507

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

TA = Transport agent for an EMT with the specified certification

^{IFIP} = Agent shall be administered by infusion pump on interfacility transports

^{IP} = Agent shall be administered by infusion pump

^{SVN} = Agent shall be administered by small volume nebulizer

^{SVN or MDI} = Agent shall be administered by small volume nebulizer or metered dose inhaler

* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.

*** = An EMT-B may administer if authorized under R9-25-505.

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate ^{SVN or MDI} (sulfite free)	10 mg	A	A	A	A	-
Amiodarone ^{IFIP}	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Atropine Sulfate Auto- Injector	None	A	A	A	A	E
Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector	None	E	E	E	E	E
Blood	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride	1 g	A	A	-	-	-
<u>Calcium Gluconate, 2.5% topical gel</u>	<u>Optional [50 g]</u>	<u>HF</u>		<u>HF</u>		<u>HF</u>
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids	None	TA	TA	TA	TA	-
Corticosteroids ^{IP}	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H ₂ O	Optional [250 mL bag (1)]	A	A	A	A	M***
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem ^{IFIP} or Verapamil HCl	25 mg 10 mg	A A	A A	- -	- -	- -
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-
Dopamine HCl ^{IFIP}	400 mg	A	A	-	-	-

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-
Etomidate	Optional [40 mg]	A	-	-	-	-
Fosphenytoin Na ^{IP} or Phenytoin Na ^{IP}	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon ^{IFIP}	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
H ₂ Blockers	None	TA	TA	TA	TA	-
Heparin Na ^{IP}	None	TA	TA	-	-	-
Immunizing Agent	Optional	A	A	A	-	-
Ipratropium Bromide 0.02% ^{SVN or MDI}	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Lorazepam	Optional [8 mg]	A	A	A	A	-
Magnesium Sulfate ^{IFIP}	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution ^{IP}	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle	A	A	A	A	PA
	1 bottle	A	A	A	A	PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self- administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
Ondansetron HCl	Optional [4 mg]	A	A	A	A	-
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na ^{IP}	None	TA	TA	-	-	-

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99) Certified Before 1/6/07	EMT-I(99) Certified On or After 1/6/07	EMT-I(85)	EMT-B
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts ^{IP}	None	TA	TA	-	-	-
Pralidoxime Chloride Auto-Injector	None	E	E	E	E	E
Procainamide HCl ^{IP}	None	TA	TA	-	-	-
Racemic Epinephrine ^{SVN}	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline ^{IP}	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids ^{IFIP}	None	TA	TA	-	-	-
Tuberculin PPD	Optional [5 cc]	A	A	A	-	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-

R9-25-512. Grace Period for EMT-I(99)s Certified Before January 6, 2007 Repealed

- A.** ~~Except as provided in subsection (C), an individual currently and validly certified as an EMT-I(99) in Arizona as of January 5, 2007, is authorized, until January 6, 2009, to administer, monitor, assist in patient self administration of, and use as transport agents the agents authorized in Table 1 for an “EMT-I(99) Certified Before 1/6/07.”~~
- B.** ~~An individual who becomes certified as an EMT-I(99) in Arizona on or after January 6, 2007, is authorized to administer, monitor, assist in patient self administration of, and use as transport agents the agents authorized in Table 1 for an “EMT-I(99) Certified On or After 1/6/07.”~~
- C.** ~~If an individual described under subsection (A) allows the individual’s EMT-I(99) certification to expire before January 6, 2009, the individual no longer qualifies under subsection (A) and instead shall comply with subsection (B).~~

- D.** ~~Effective January 6, 2009, an individual described under subsection (A) is authorized to administer, monitor, assist in patient self-administration of, and use as transport agents only the agents authorized in Table 1 for an “EMT-I(99) Certified On or After 1/6/07.”~~
- E.** ~~For purposes of this Section, “currently and validly certified” means holding certification issued by the Department that is not expired, suspended, or otherwise restricted.~~